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NATIONAL MINORITY HEALTH PROFILE: LOCAL HEALTH DEPARTMENTS' PROGRAMS AND SERVICES

AUGUST, 1992

The Minority Health Initiative Project

United States Conference of Local Health Officers
United States Conference of Mayors

1620 Eye Street, NW
Washington, DC 20006

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The United States Conference of Mayors is the official nonpartisan organization of cities with populations of 30,000 or more. There are well over 900 such cities in the country today, each represented in the Conference of Mayors by its chief elected official, the Mayor. The U.S. Conference of Mayors is in its second half-century of service to the Mayors and the citizens of America's principal cities. Throughout its history, the Conference of Mayors has taken the lead in calling national attention to the problems and the potential of urban America. Since its founding it has carried the message of cities to every President, every Congress. This is the heritage of the Conference of Mayors. It is the heritage of every mayor who serves today.

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Executive Director

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The United States Conference of Local Health Officers, an affiliate of the U.S. Conference of Mayors, represents urban health departments, including city, city-county, and district agencies. Founded in 1960, the U.S. Conference of Local Health Officers promotes the local perspective on national public health policy before Congress, the Administration and various federal agencies. It promotes communications among local health departments and their federal and state counterparts and the exchange of information and ideas among local health officers and provides technical assistance through meetings, conferences, and publications.

J. Thomas Cochran
Executive Director

Paul Nannis
President, USCLHO
Commissioner of Health
Milwaukee

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NATIONAL MINORITY HEALTH PROFILE:

LOCAL HEALTH DEPARTMENTS'

PROGRAMS AND SERVICES

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August 1992
US Conference of Local Health Officers

United States Conference of Local Health Officers
1620 Eye Street, Northwest • Washington, D.C. 20006 • (202) 293-7330

FOREWORD

To make progress in meeting Year 2000 Health Objectives aimed at decreasing disparities in health status among minority populations, the United States Conference of Local Health Officers (USCLHO) established in 1990 its Minority Health Initiative and Minority Health Committee.

USCLHOs Minority Health Initiative, with funding support from the Health Resources and Services Administration (HRSA), the Bureau of Health Care Delivery Assistance (BHCDA) and the Division of Special Populations (DSPPD), has developed a national profile of current local health department (LHD) programs directed at improving the health status of racial/ethnic minority populations.

The questionnaire was completed by 129 of the nation's major local health departments during the summer and fall of 1991. Among some of the more prominent findings, data from respondent LHDs revealed: minorities represent 33% of LHD client populations; LHDs serve a high proportion of uninsured clients; 25% of respondent LHDs have specific programs designed to address nationally-identified minority health concerns; there exist gaps in availability of LHD data on immunization and hepatitis A/B; LHDs most common minority-targeted programs are Maternal and Child Health, HIV Infection, and Infectious Diseases; in addition, to reach minority clients, LHDs commonly offer free services, educate and inform clients about available programs, provide health services in strategic on-site locations, and provide services to uninsured persons.

The National Minority Health Profile is a report on the status of minority health programs at the local health department level. It is an early effort to determine current activities, barriers and gaps encountered by local health departments. It is our fervent hope that these early findings and recommendations will serve as a guide to policymakers, governmental officials, and health providers in making the decisions that impact the health status of our growing urban and predominantly minority populations.

Paul W. Nannis
President, USCLHO
Commissioner of Health
Milwaukee, WI

Guadalupe S. Olivas, PhD
Chair, USCLHO
Minority Health Committee
Director, Pima County, AZ

NATIONAL MINORITY HEALTH PROFILE: LOCAL HEALTH DEPARTMENTS' PROGRAMS AND SERVICES

Local Minority Health Programs

Findings from 129 Local Health Department Survey

SUMMARY OF FINDINGS

A 1991 United States Conference of Local Health Officers (USCLHO) nationwide survey of local health department targeting racial/ethnic minorities reveals:

- minorities on average comprise 33% of LHD clients (according to the 1990 Census, racial/ethnic minorities comprise 19.7% of the total United States population);
- gaps in availability of LHD data on such key minority health status indicators as immunization and Hepatitis A/B;
- LHDs serve a high proportion (from 11-20% of their clients) of uninsured clients;
- one-fourth of LHDs have programs specifically designed to address nationally-identified minority health concerns;
- the most common minority-targeted programs address: Maternal and Infant Health (44%); HIV Infection (education and/or services) (42%); and Infectious Diseases (33%); and,
- the most common mechanisms used to target minority clients include: free services (89%); outreach to educate/inform minority clients of available programs (88%); providing services in strategic geographic locations (85%); and providing services to uninsured persons (85%).

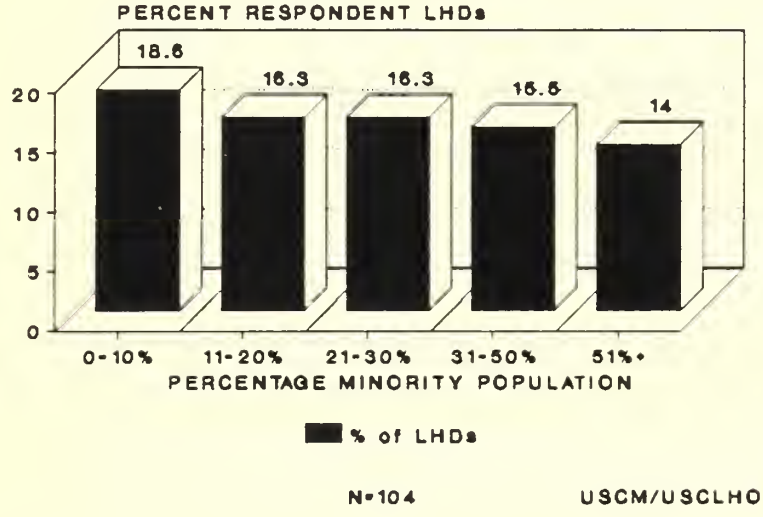
Minorities Represent One-Third of LHD Clients

On average, responding LHDs indicated that their client populations were 67% non-minority and 33% minority. LHD service area minority populations were placed in five given percent divisions ranging from 0-10% to 51+% **(see chart 1)**. Surveyed LHDs provide services to a minority population that is diverse in size, racial/ethnic background, and language **(see chart 2)**:

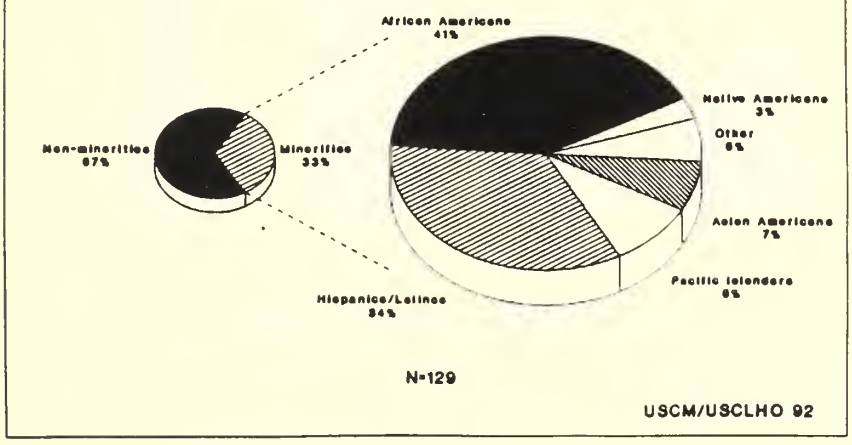
- 41% African American,
- 34% Hispanic/Latino,
- 9% Pacific Islander,
- 7% Asian American,
- 3% Native American/Alaskan and
- 6% other

(**NOTE:** According to the 1990 Census the U.S. minority population is 12.1% African American/Black; 9% Hispanic/Latino; 2.9% Asian/Pacific Islander; 0.8% Native American, and 3.9% Other. This total will not tally to 100% since Hispanics had the choice of responding to the 1990 Census as White, African American, or Hispanic.)

PERCENTAGE MINORITY POPULATION
Chart 1



LHD CLIENT DEMOGRAPHICS
Chart 2



Small But Significant Number of LHD Clients

NON-ENGLISH SPEAKERS

Sixty-nine percent (69%) of responding LHDs (60 LHDs) had client populations which were comprised of 0-5% non-English speaking persons (87 LHDs, or 67% of the survey respondents, provided information on the language status of clients) (**see chart 3**):

Large Number of Clients Bilingual

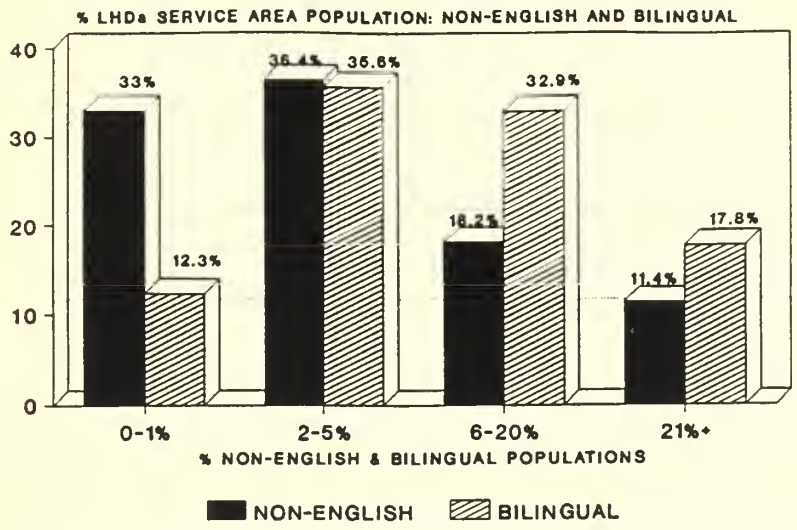
Sixty-nine percent (69%) of the responding LHDs (50 LHDs) indicated that 2-20% of their client population was bilingual (72 LHDs, or 56% of the survey population, provided information on language status of clients) (**see chart 3**):

Many Without Health Insurance

HEALTH INSURANCE

Nearly half of the LHD respondents (46%) report that 11-20% of their clients are uninsured (i.e., no public or private insurance coverage). Thirteen percent (9 LHDs) reported that from 0-10% of their clients were uninsured (**see chart 4**):

LHD SERVICE AREA: NON-ENGLISH/BILINGUAL
Chart 3



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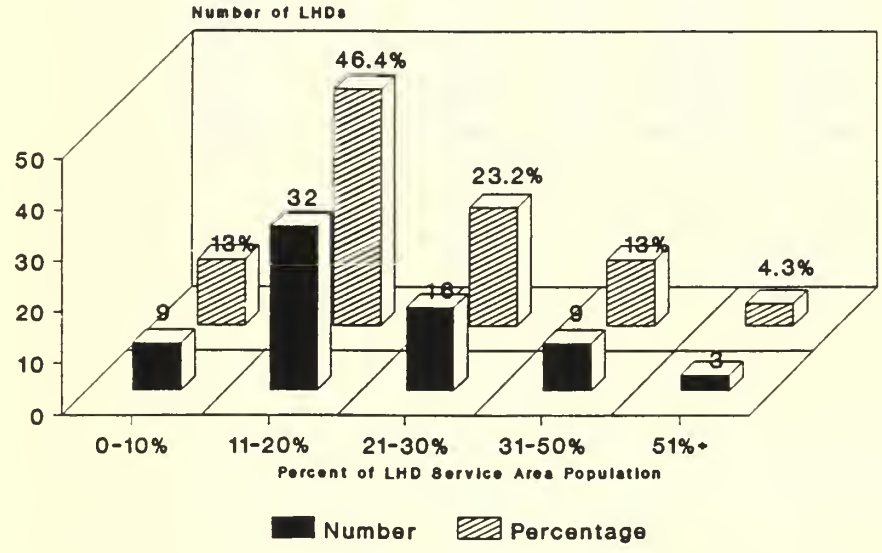
NON-ENGLISH SPEAKERS (cont'd)

LACK OF HEALTH INSURANCE
Chart 4



N=69

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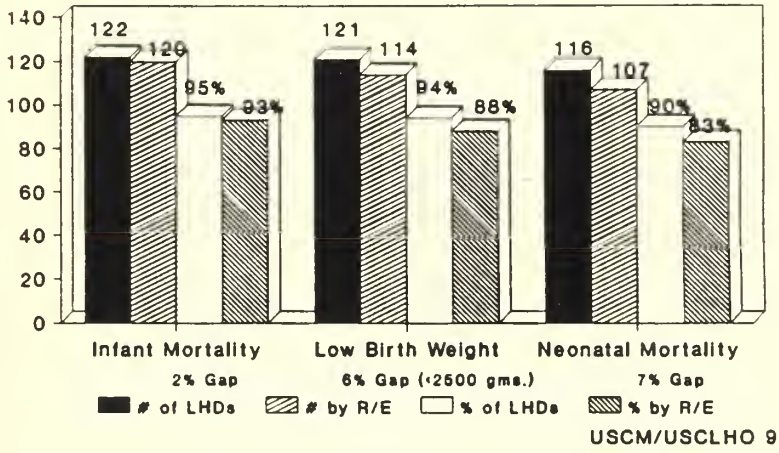
LACK OF HEALTH INSURANCE

Some Racial/Ethnic Indicators Not Commonly Collected

Some key health status indicators are more likely to be tracked by racial/ethnic status as compared to overall rates (see chart 5):

- **Infant Mortality Rates.** Overall rates are collected by 95% of LHDs; 93% collect infant mortality data by race/ethnicity, a gap of 2%.
- **Low Birth Weight (2500 grams).** Ninety-four percent (94%) of LHDs collect overall LBW data; 88% collect on the basis of race/ethnicity, a gap of 6%.
- **Neonatal Mortality Rates** are collected by 90% of LHDs; 83% collect by race/ethnicity, a gap of 7%.

LHD SELECTED HEALTH STATUS INDICATORS
MOST LIKELY TRACKED BY RACE/ETHNICITY
Chart 5

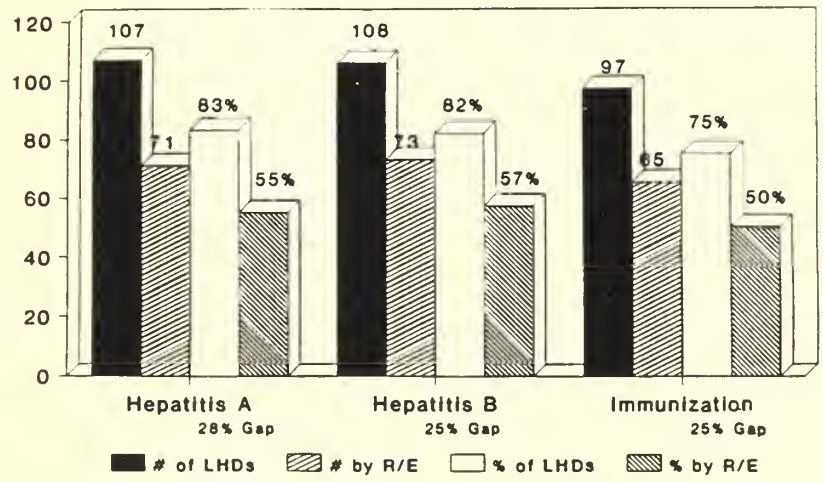


Largest Gaps in Minority Health Data

Immunization and Hepatitis A/B are least likely to be collected by racial/ethnic status as compared to overall tracking (see chart 6):

- **Immunization** data are collected by 75% of LHDs; 50% collect this information by race/ethnicity, a gap of 25%.
- Overall **Hepatitis A** data are collected by 83% of LHDs; 55% collect by race/ethnicity, a gap of 28%.

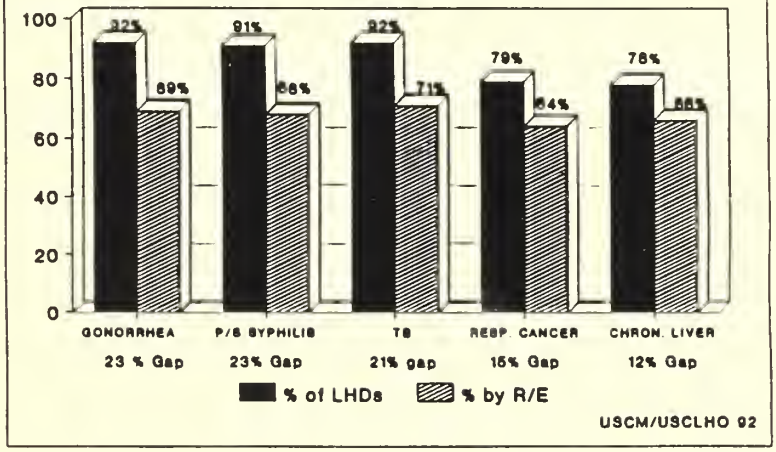
LHD SELECTED HEALTH STATUS INDICATORS
LEAST LIKELY TRACKED BY RACE/ETHNICITY
Chart 6



Other health status indicators that are least likely to be tracked by race/ethnicity, according to data from responding LHDs **(see chart 7)**:

- **Gonorrhea** data are collected by 92% of LHDs; whereas 69% collect by race/ethnicity (a gap of 23%).
- **Primary and secondary syphilis** data are collected by 91% of respondent LHDs; 68% collect by race/ethnicity (a gap of 23%).
- **TB** data are collected by 92% of surveyed LHDs; 71% of those LHDs collect by race/ethnicity (a gap of 21%).

LHD SELECTED HEALTH STATUS INDICATORS
LEAST LIKELY TRACKED BY RACE/ETHNICITY
Chart 7

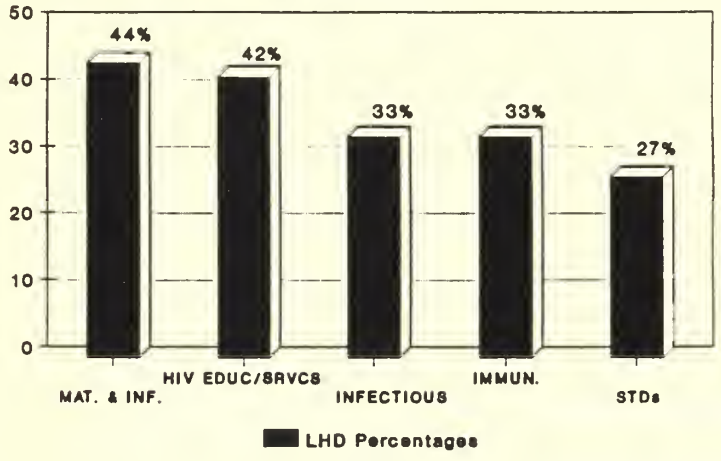


Most Common Minority-Targeted Programs

Twenty-three percent (23%) of LHDs had minority-targeted programs specifically designed to meet the 1990 National Objectives for minority populations (see chart 8):

- Maternal and Infant Health (44%);
- HIV Infections (education and/or services (42%);
- Infectious Diseases (33%);
- Immunizations (33%); and
- STDs (27%).

MOST COMMON MINORITY-TARGETED PROGRAMS
Chart 8



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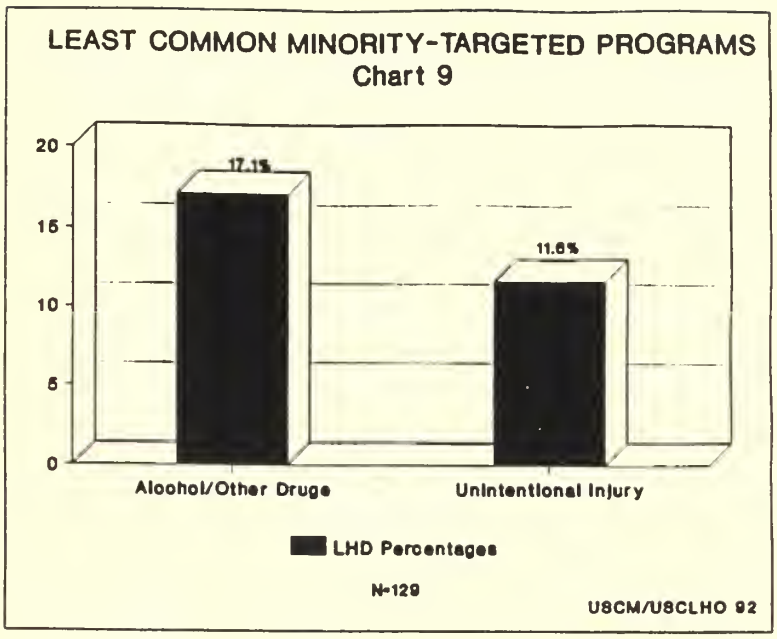
Least Common Minority-Targeted Programs: Alcohol/Drug Abuse, Unintentional Injuries

Programs administered by LHDs that are least likely to be targeted to minorities include (see chart 9):

- alcohol/drug abuse (17%); and
- unintentional injuries (12%).



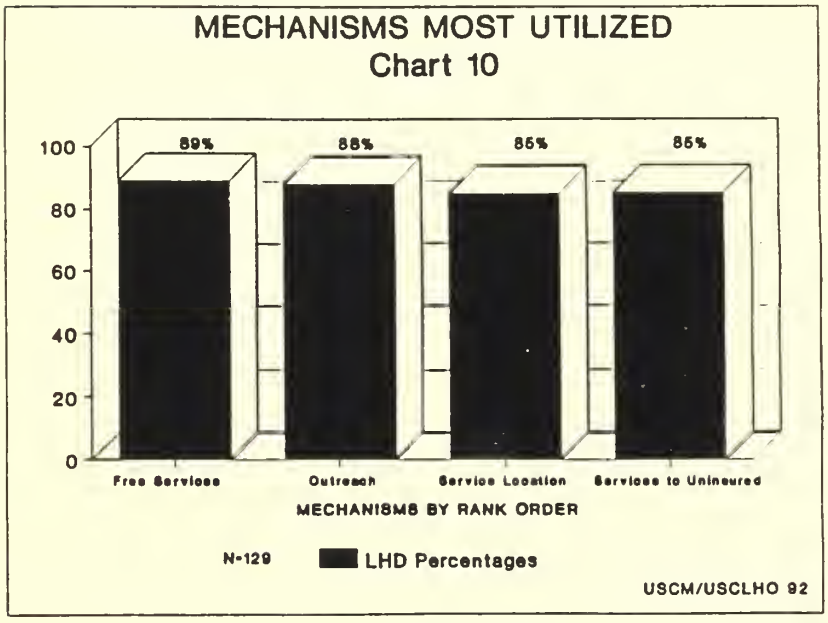
MINORITY TARGETED PROGRAMS (cont'd)

TARGETING MECHANISMS

Most Common Mechanisms: Free Services, Outreach, Location

The most frequently offered minority-targeted mechanisms were (see chart 10):

- free services (89%);
- outreach to educate/inform minority clients of available programs (88%);
- providing services in strategic geographic locations (85%); and
- services to uninsured persons (85%).

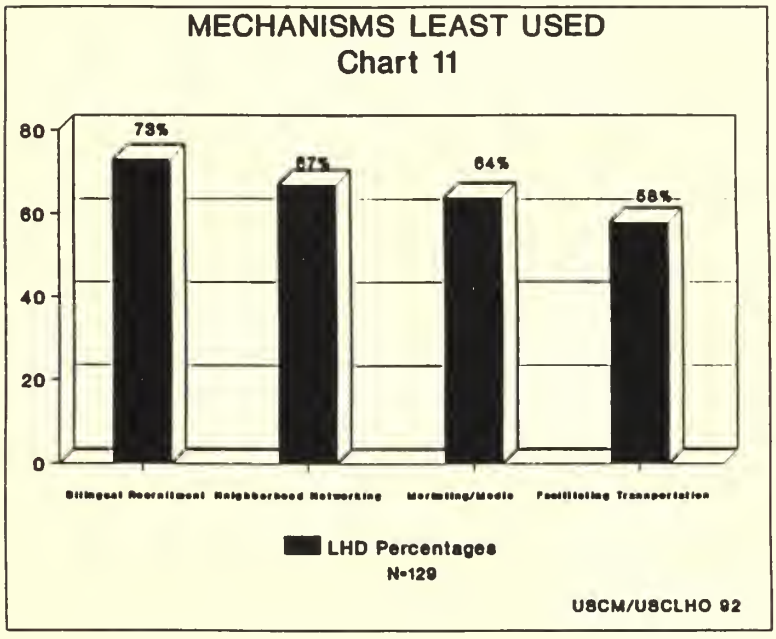


TARGETING MECHANISMS (cont'd)

Least Common Mechanisms
Networking with Lay Providers, Media Campaigns
Transportation Assistance

The **least** offered minority-targeted mechanisms in services were **(see chart 11):**

- recruiting bilingual providers (73%);
- networking with neighborhood lay health promoters (67%);
- providing publicity through marketing/media campaigns (64%); and
- facilitating transportation(58%).



BARRIERS

Greatest Barriers: LHD Perspective

The **greatest** barriers to services for minority populations cited by LHDs were **(see chart 12):**

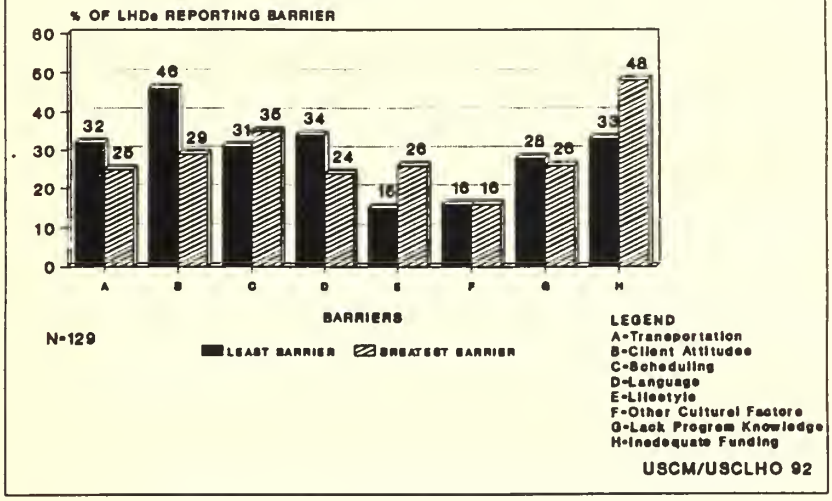
- inadequate funding (48%);
- scheduling (35%);
- client attitudes (29%);
- client lifestyles (26%);
- lack of LHD program knowledge by potential minority clients(26%); and
- transportation (25%).

Least Barriers: LHD Perspective

The least barriers cited most often for providing services to minority populations by LHDs were (see chart 12):

- client attitudes (46%);
- language (34%);
- inadequate funding (33%);
- transportation (32%);
- scheduling (31%); and
- lack of LHD program knowledge by potential minority client (28%).

LHD RANKED BARRIERS CONCERNING SERVICES TO MINORITY POPULATIONS
Chart 12



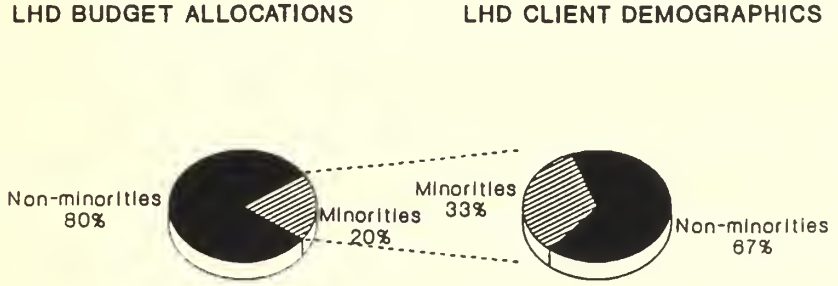
FUNDING

Minority Tailored Programs Comprise 20% of LHD Resources

LHDs spent 20% of their total resources on programs serving minority populations (either specifically targeted for minorities or primarily serving minorities). Since minorities make up 33% of responding LHDs service area, a comparative examination may suggest a disparity of resource allocation (see chart 13):

- Three percent (3%) of expenditures were for minority-targeted programs;
- Seventeen percent (17%) went to general programs that served minority client populations of 50% or more.

LHD RESOURCE EXPENDITURES
AGGREGATE RESULTS
Chart 13



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OBSERVATIONS

LHDs Key Providers of Health Services to Minority Populations

LHDs are major providers of health care services to minority persons and uninsured persons--providing primarily prevention services. Preventable diseases account for a major part of the disparities in minority health status (e.g., lifestyle behaviors like smoking and diet). However, prevention services in general, and LHD services in particular, are not commonly reimbursed with federal resources.

- Expanded federal reimbursement of primary care services would enhance LHD efforts to serve the health needs of minority populations and uninsured persons.
- Reimbursement should be expanded to cover standard LHD preventative care services (e.g., immunizations, environ mental risk screening).
- Key consideration should be given to LHDs in the federal Public Health Service efforts to address minority health gaps through programs of the Centers for Disease Control, Health Resources and Services Administration, and the Office of Minority Health.

Some Targeting Mechanisms Not Widely Used Due to Cost/Lack of Technical Capacity.

Targeting LHD services to minorities through marketing/media campaigns is utilized by only 64% of respondent LHDs. **This may reveal:** inexperience in working with media, LHD decisions that media outreach is a poor targeting mechanism, or the relatively high cost of carrying out media-based efforts.

- Additional technical assistance to LHDs on the effective use of media and marketing may be in order.

Only 58% of LHDs **"facilitate transportation"** as a targeting mechanism. Geographic proximity to health services has been identified as a common access barrier for receipt of services by minority populations.

- Increased use of transportation by LHDs to break down this obstacle is a likely need; financing is a probable obstacle to greater use of this targeting barrier.

Barriers Likely To Vary for Minority Subgroups Within Communities: Program Design Improvements Should Build on Needs Assessments

Overlap among variables identified as **"greatest"** and **"least"** barriers may be reflective of variations in barriers to serving different racial/ethnic target populations. Minority populations are diverse and their needs vary.

Barriers Also Likely to Vary From Community to Community, Making Cross Comparisons Difficult

Varations exist from locality to locality in minority population composition, health status indicators, and local service delivery systems. This makes it exceedingly difficult to determine common barriers in addressing local minority health concerns. Despite this difficulty, inadequate funding was identified by responding LHDs as the most prominent barrier to providing health care services to minority populations.

Given the fact that federal aid to urban areas was cut back substantially during the past decade, it is consequential that new consideration towards increasing the fedeal funding level to LHDs be given. This could only improve program design and effectiveness in reaching populations that have been ignored too long.

Data Collection Difficulties Apparent: Better Targeting Possible Through Improved Data on Health Gaps

OBSERVATIONS (cont'd)

Gaps in collection of health status indicator data, by race/ethnicity for certain indicators, may be indicative of local data collection difficulties–in particular, inadequate funds and/or the technical capacity of LHDs to carry out tracking by race/ethnicity may be an area for more assistance by federal funding services.

- Tracking of health status information by racial/ethnic categories would improve local efforts to identify key minority health problems and design programs accordingly.
- A standarized format and system for data collection, input and analysis would benefit LHDs and community health providers in developing comprehensive and coordinated health care delivery systems.

Objective of the survey was to collect information on the following:

PURPOSE OF STUDY

- **Demographics:** to determine racial/ethnic composition of service population of LHDs;
- **Minority Health Data:** to assess the availability of data needed in tracking health status by racial/ethnc categories;
- **LHD Minority Programs and Services:** to assess availability of LHD minority programs and services;
- **Targeting Mechanisms:** to identify successful targeting approaches;
- **Barriers:** to identify barriers to services as perceived by LHDs, the providers of services;
- **LHD Spending on Minority Programs:** to determine LHD financial expenditure on minority programs; and
- **Linkages:** to illustrate the interactions and linkages that exist between LHDs and other agencies in administering minority health programs.

The Data Collection Instrument

The questionnaire's content was developed from identified needs voiced by local health departments and other minority health agencies, and information cited in the literature. It included seven major sections containing a total of 29 questions and 236 variables.

A total of 635 questionnaires were mailed to all USCLHO members as well as selected other local health departments. All LHDs serving 50,000 persons and over were surveyed, with some selected jurisdictions serving populations of 30,000-50,000 included. Questionnaires were mailed to LHDs in July 1991; second and third mailings were conducted to non-respondents in October 1991 and February 1992. A total of 129 questionnaires were returned--a 20% response rate.

Population Description

Eighteen percent (18%) of LHD respondents had minority populations of 51% and greater. Nineteen percent (19%) had 0-10% minorities in their total population. (Table 1 in Appendix).

Respondent LHDs had client populations that distributed into two major population range peaks. The first peak, representing 52% of the respondents, was comprised of jurisdictions serving from 25,000 to 299,999 persons. The second peak, 33% of respondents, served populations of 500,000 and greater.

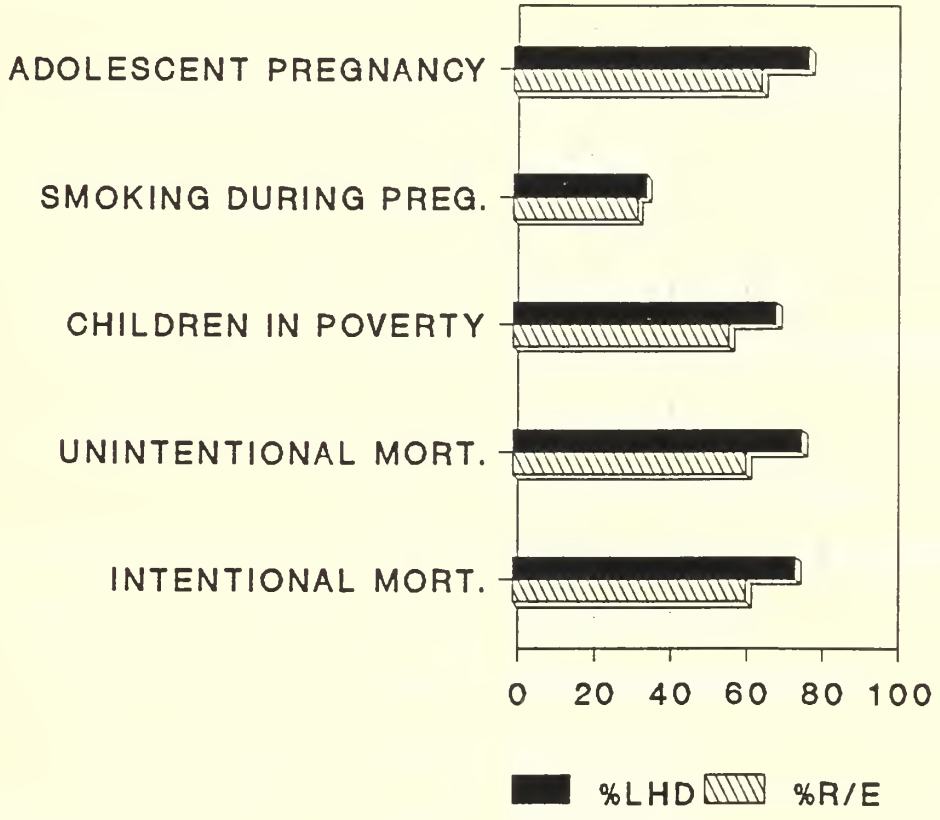
ADDENDUM OF SELECTED CHARTS

APPENDIX:

Chart 14. Health Status Indicators Tracking: Others
Chart 15. Programs Targeting Minorities
Chart 16. Programs Targeting Minorities
Chart 17. Programs Targeting Minorities
Chart 18. Minority Programs & Degree of Success
Chart 19. Minority Programs & Degree of Success
Chart 20. Minority Programs & Degree of Success
Chart 21. Survey LHDs: Population Sizes
Chart 22. Responding States

Table 1. Selected Cities Demographics and Health Status Indicators Tracking Characteristics

OTHER HEALTH STATUS INDICATORS TRACKED BY RACE/ETHNICITY
Chart 14



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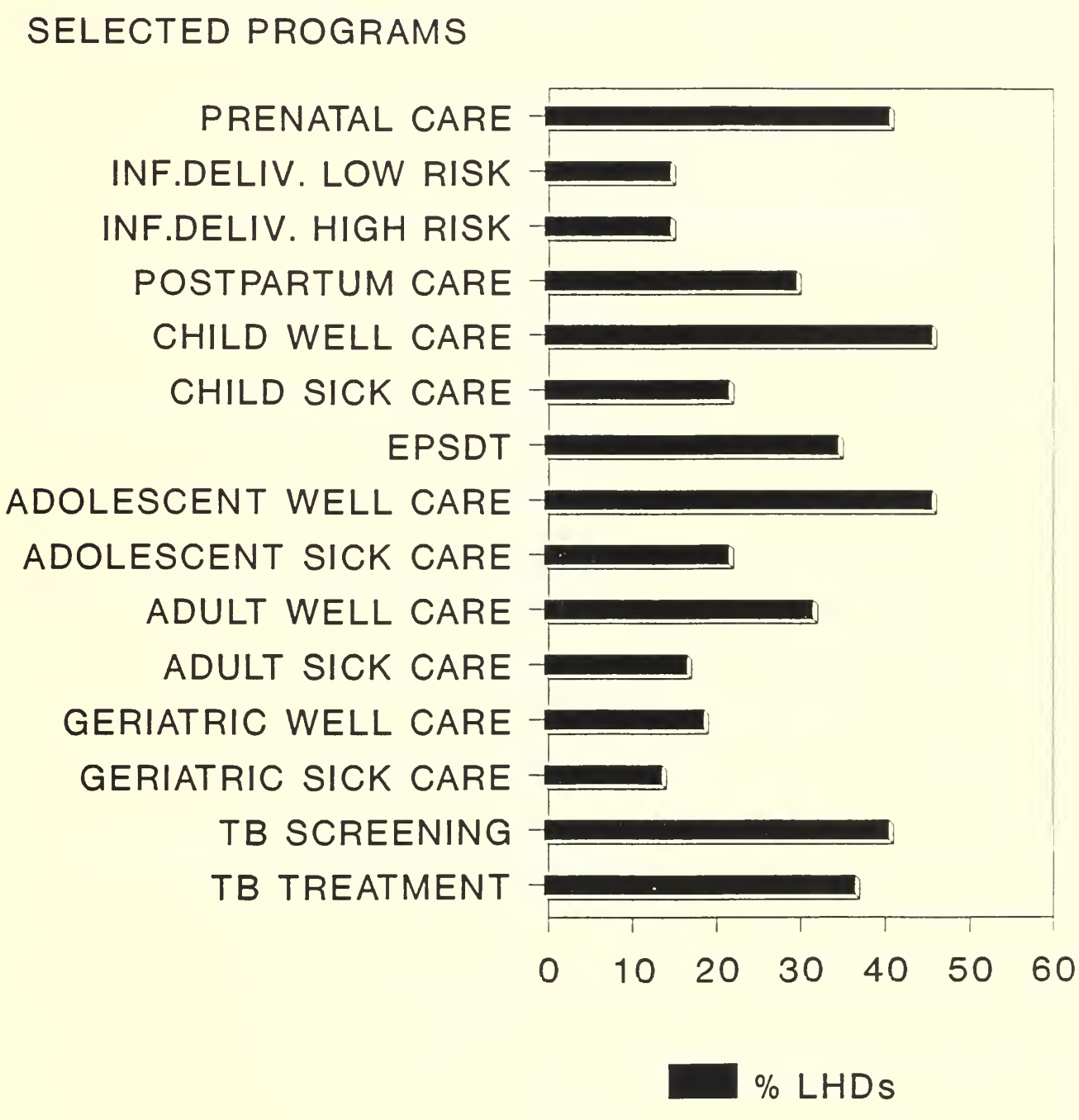
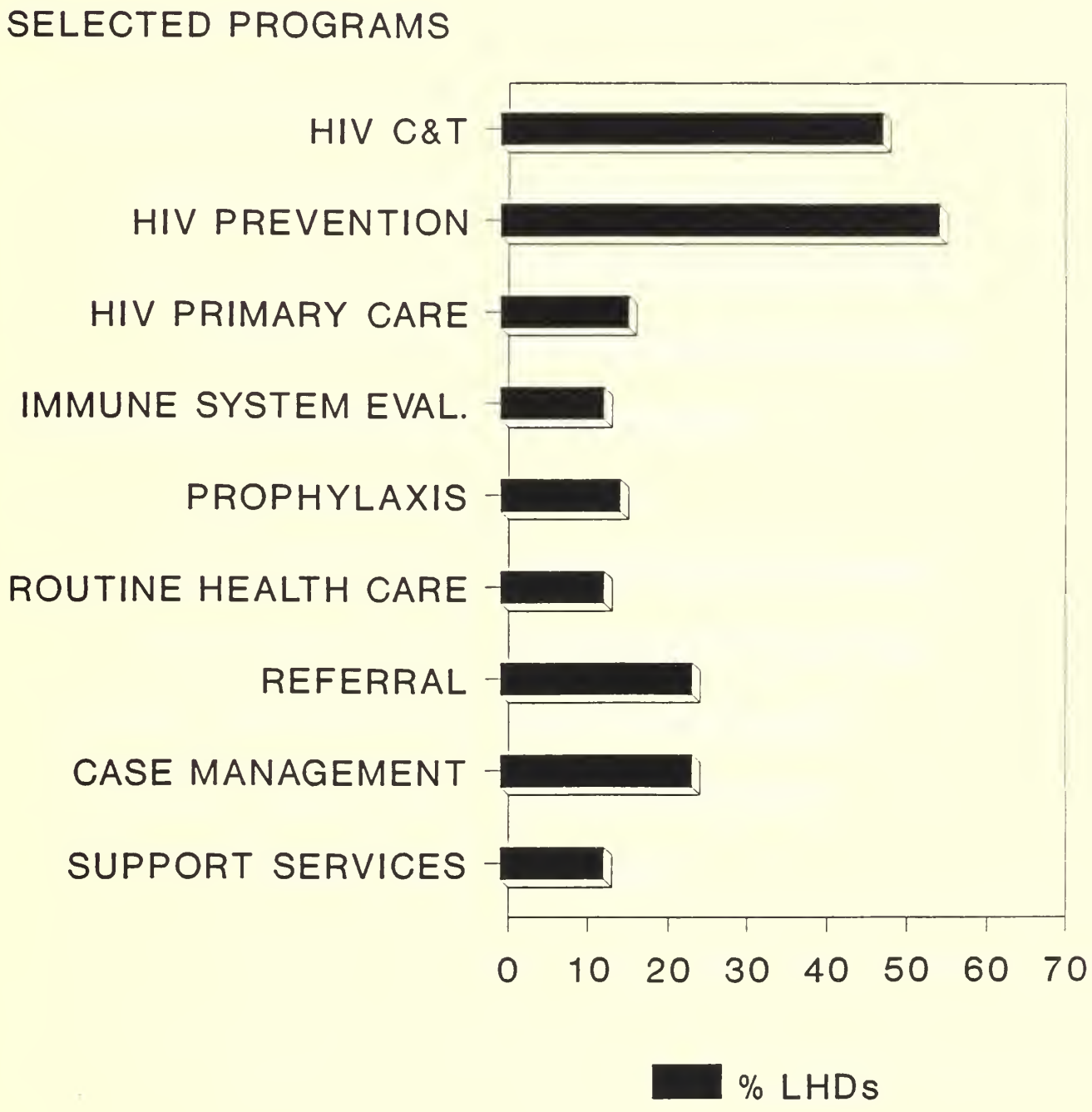
PERCENT OF LHDs WITH PROGRAMS TARGETING MINORITIES
Chart 15



PERCENT OF LHDs WITH PROGRAMS TARGETING MINORITIES
Chart 16



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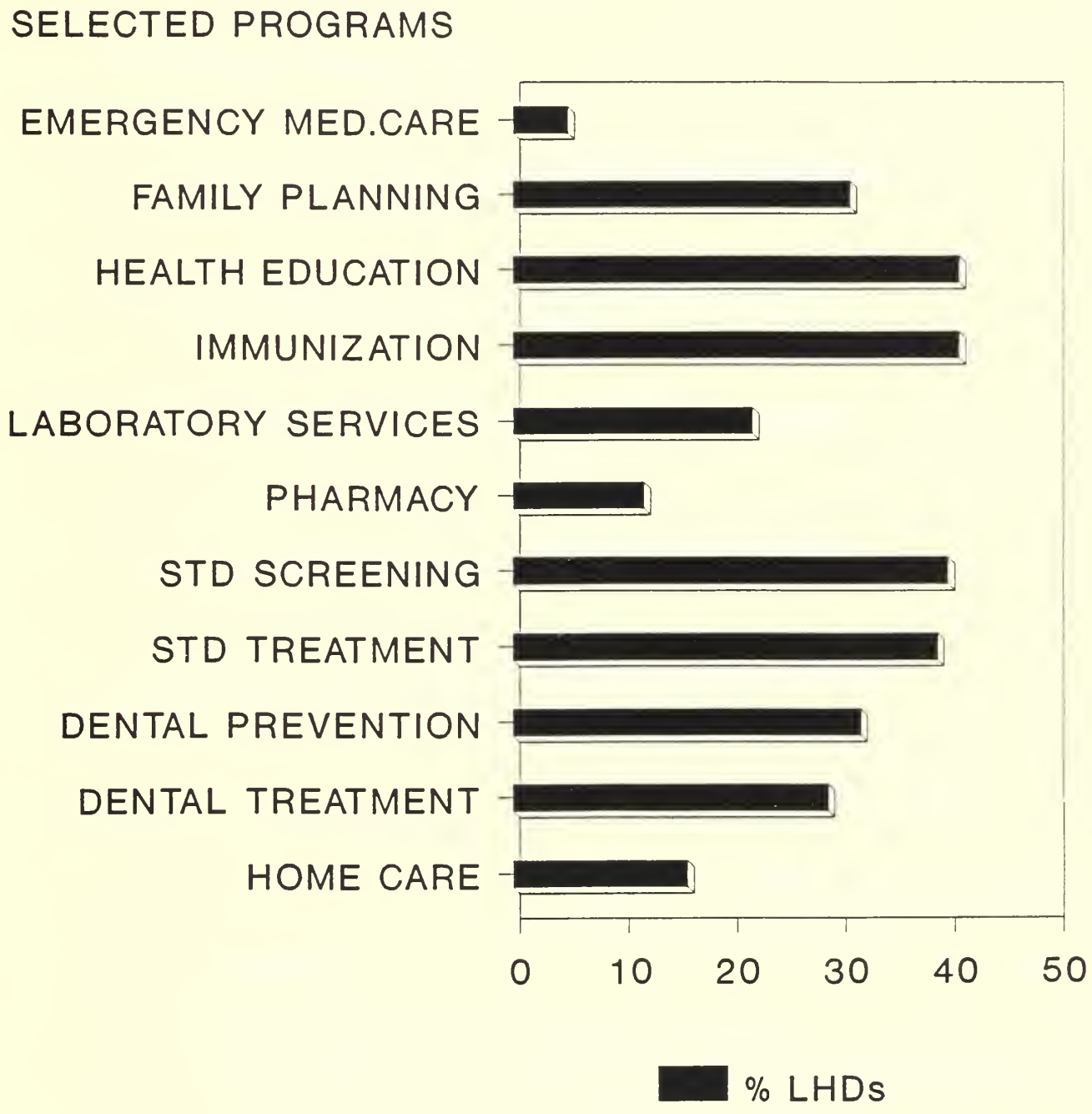
PERCENT OF LHDs WITH PROGRAMS TARGETING MINORITIES
Chart 17



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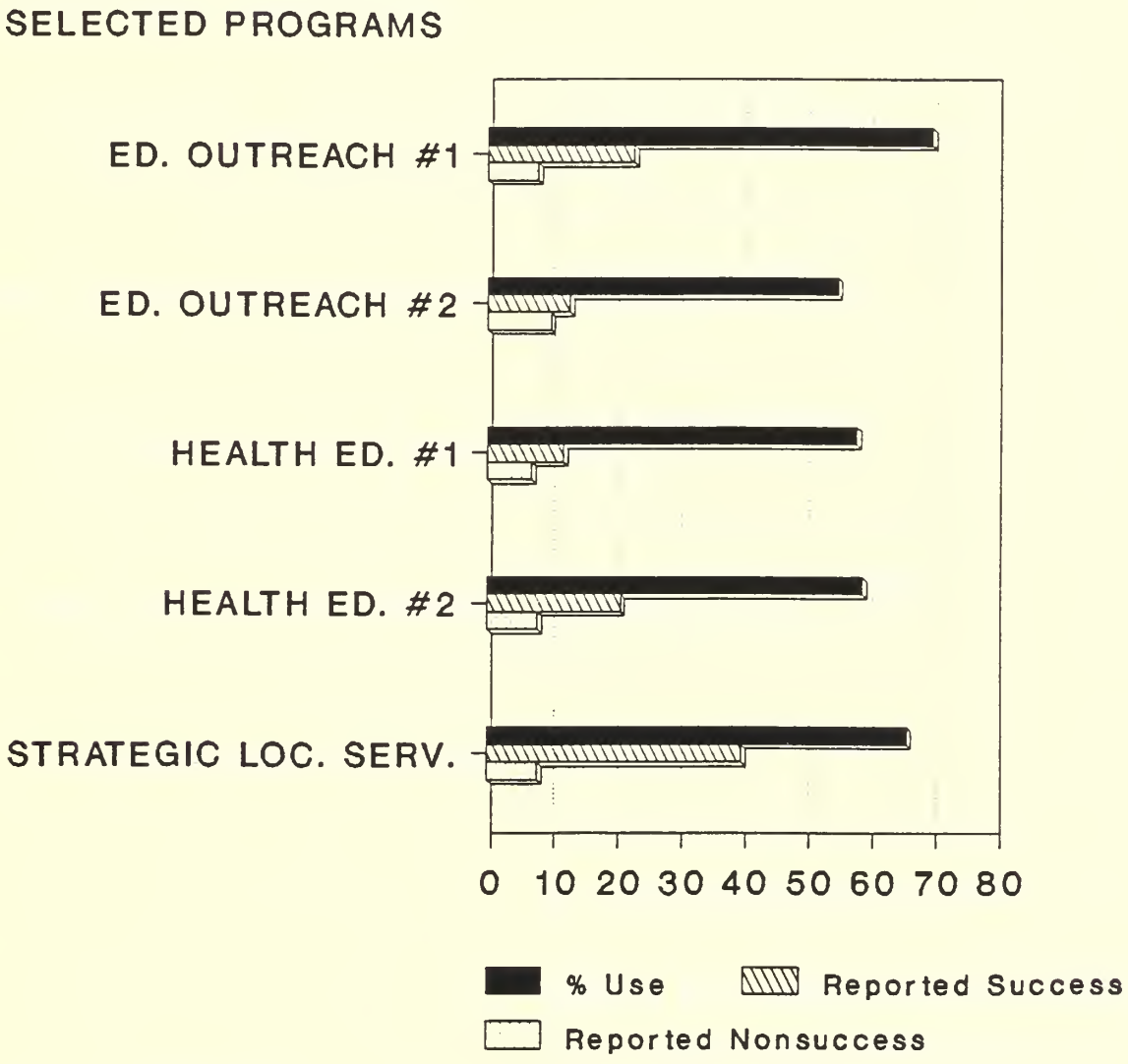
PERCENT LHDs USING SELECTED MINORITY TARGETED PROGRAMS & DEGREE OF SUCCESS
Chart 18



LEGEND

Ed. Outreach #1: On available programs
Ed. Outreach #2: On criteria for program qualification
Health Ed. #1: On behavioral, social, and ethnic variables
Health Ed. #2: On controllable risk factors

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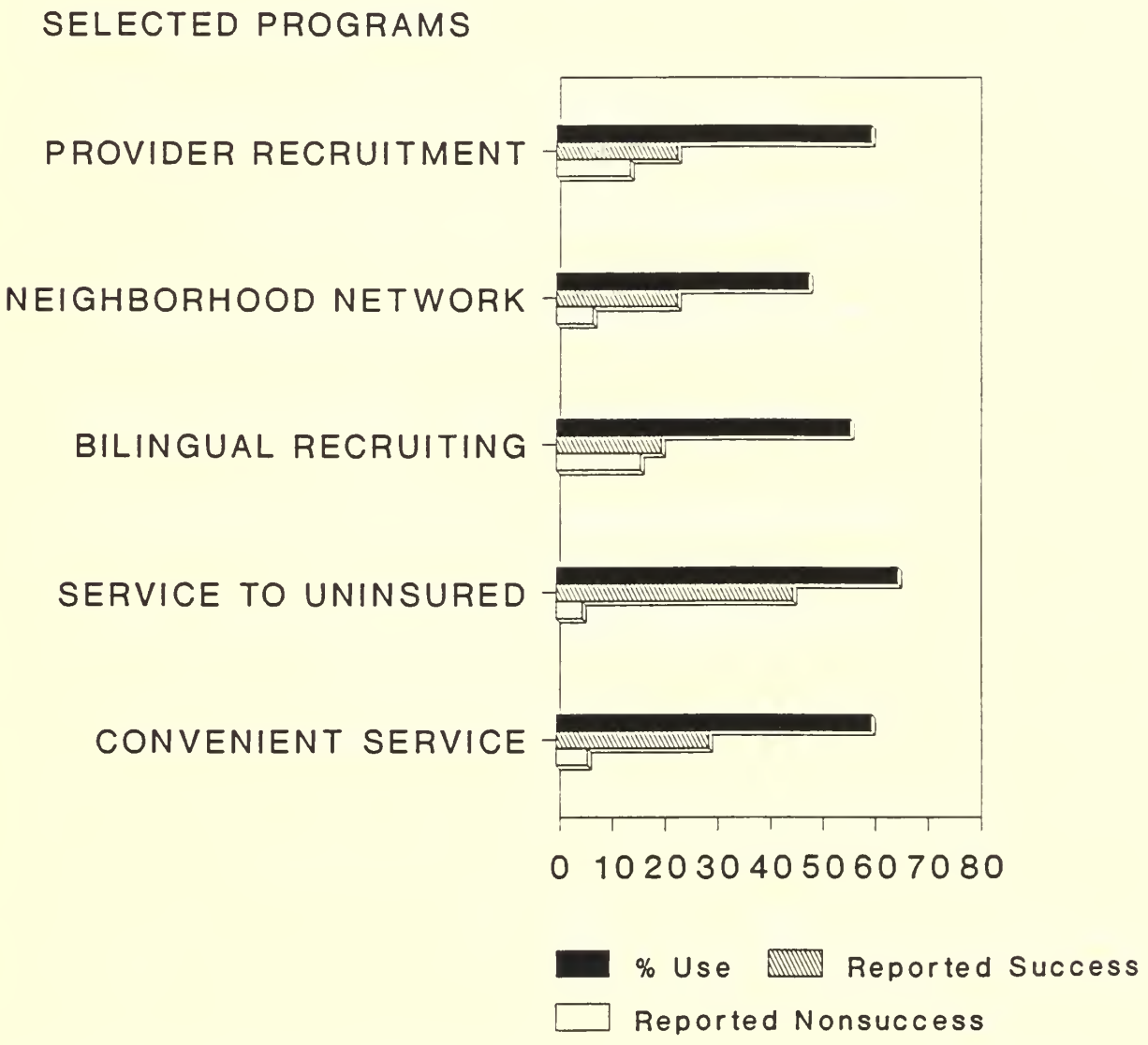
PERCENT LHDs USING SELECTED MINORITY TARGETED PROGRAMS AND DEGREE OF SUCCESS
Chart 19



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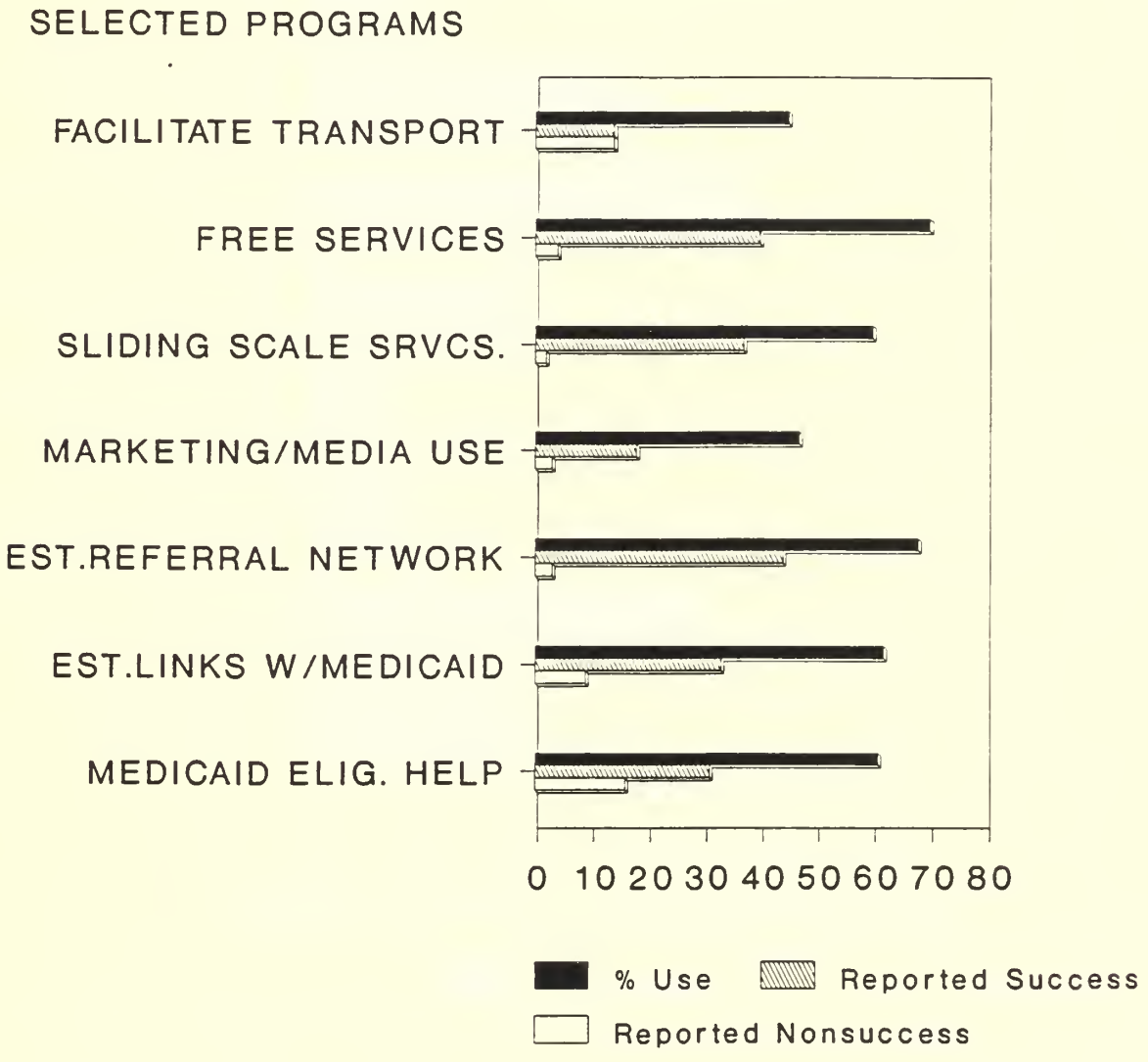
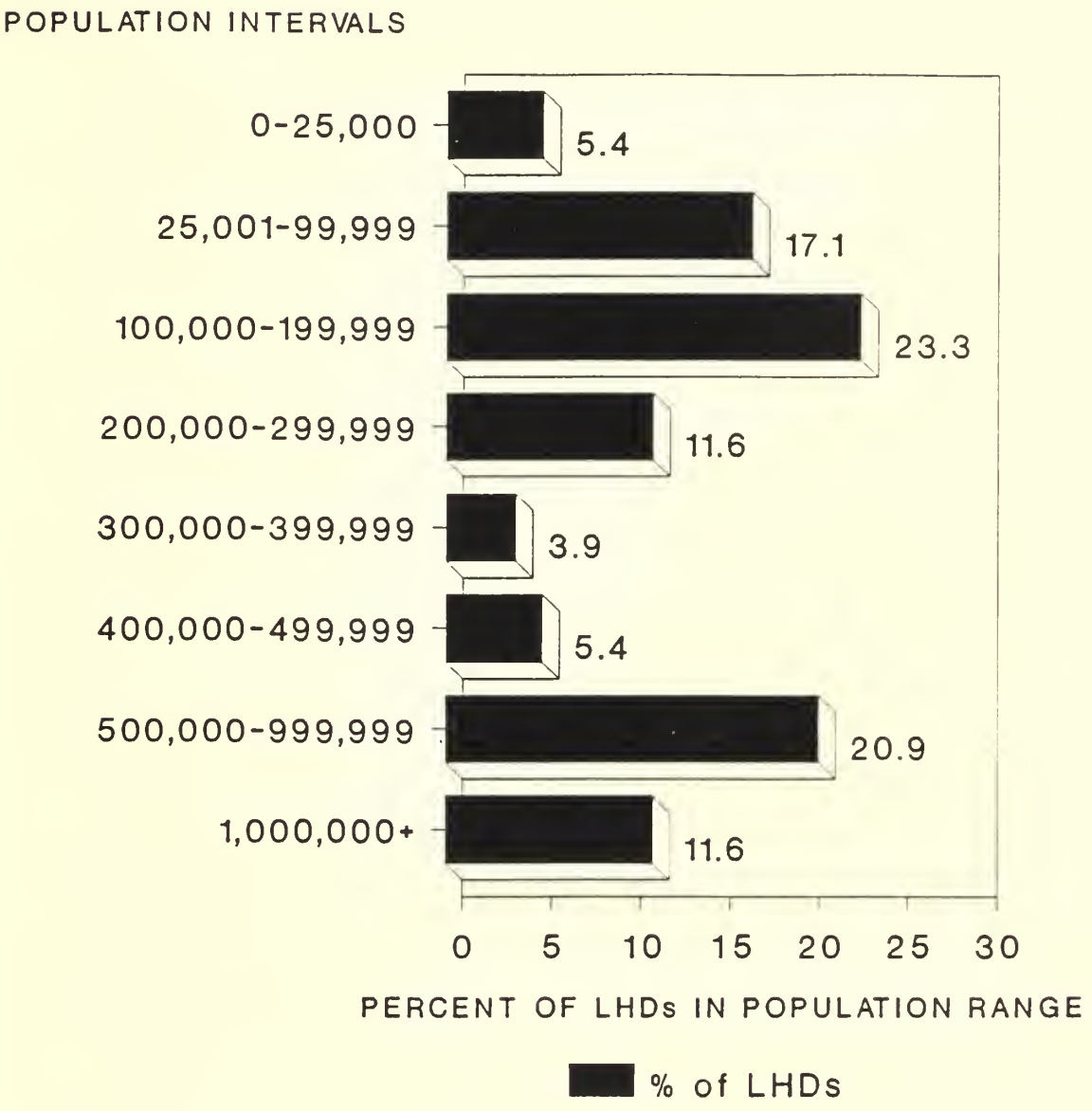
PERCENT LHDs USING SELECTED MINORITY TARGETED PROGRAMS & DEGREE OF SUCCESS
Chart 20



USCM/USCLHO 92

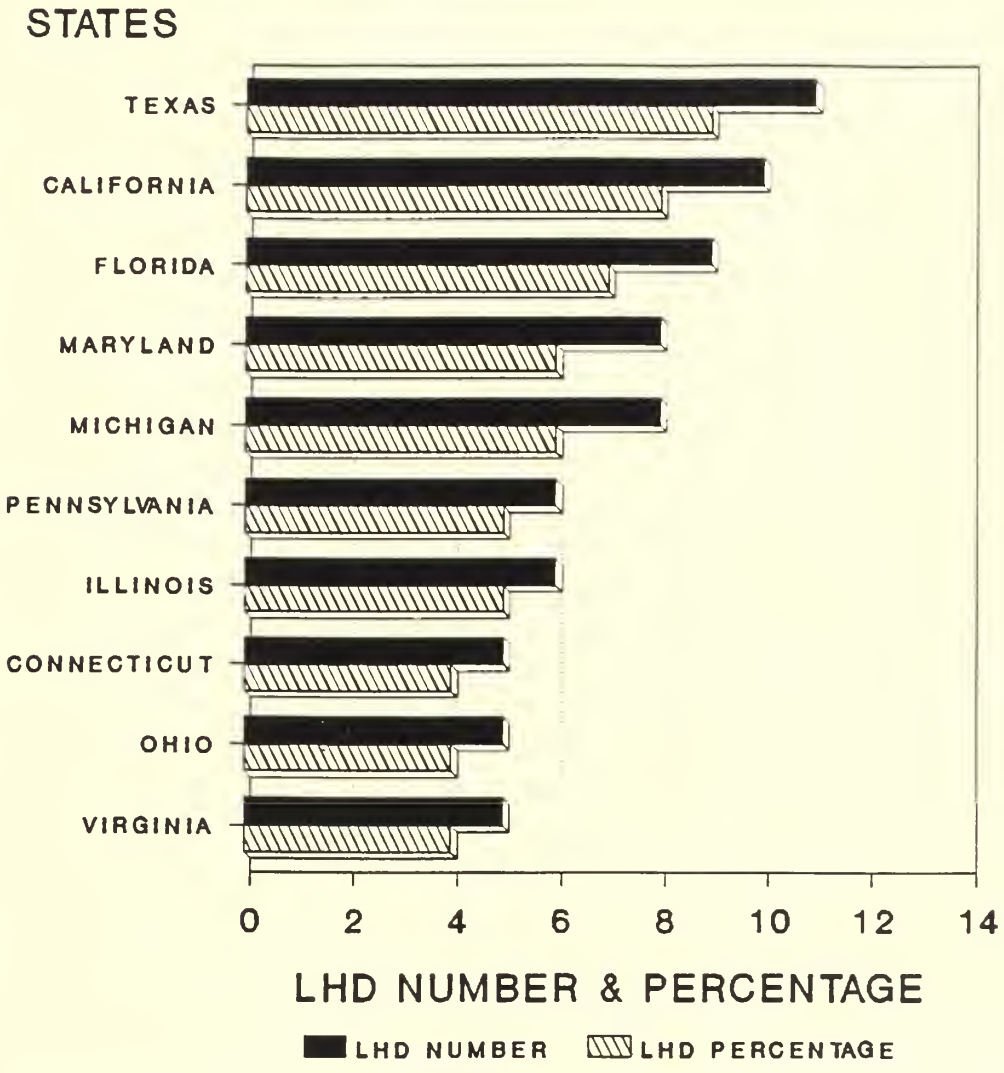
SURVEY LHDs: POPULATION SIZES
Chart 21



This chart tracks the population distribution reported by the 129 responding LHDs within 8 given population intervals. The graph illustrates two peaks: small and medium sized service areas (25,000-199,000; 17% and 23% respectively); and a larger sized service area (500,000-999,000; 21%).

USCM/USCLHO 92

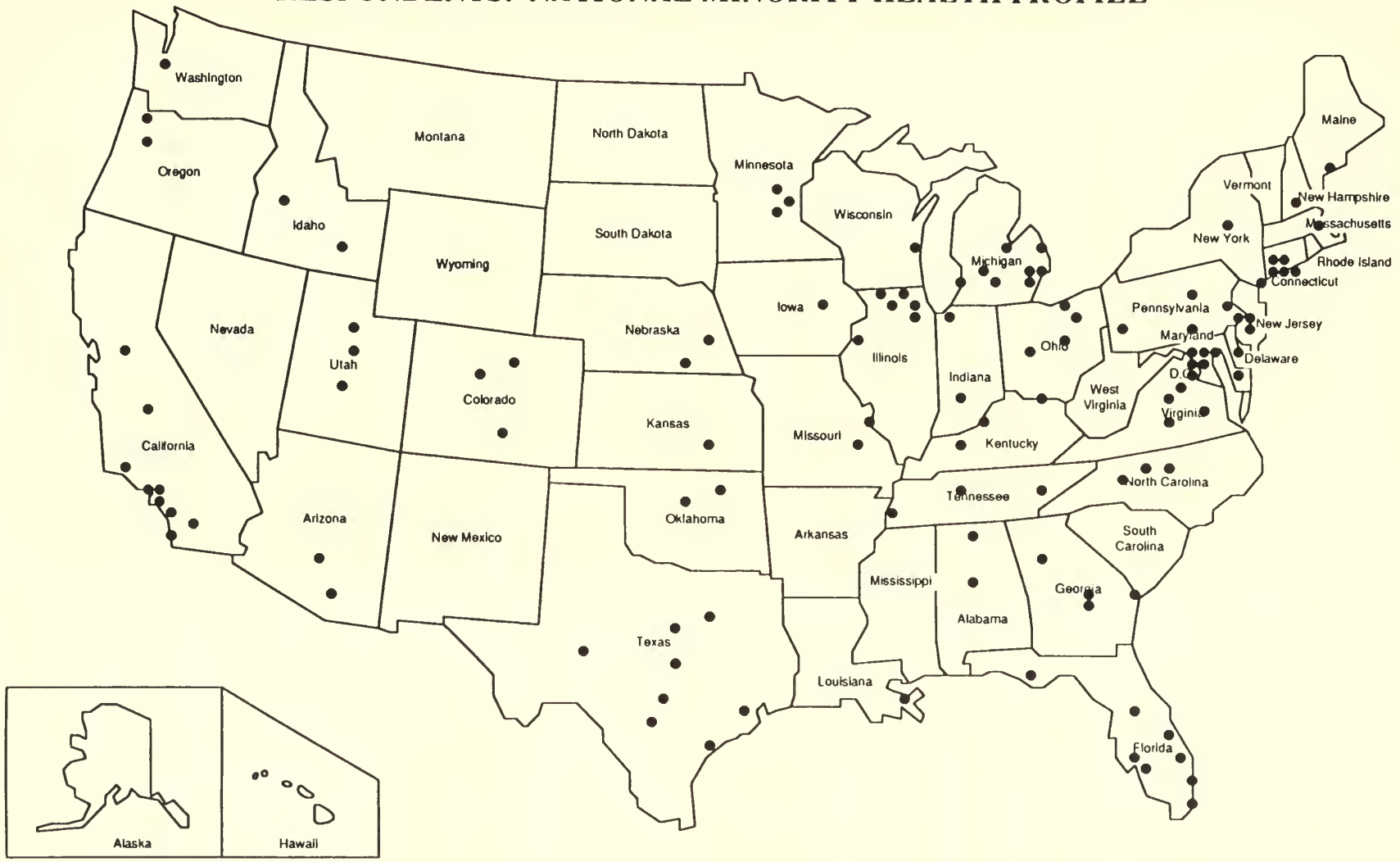
TOP 10 RESPONDING STATES
Chart 22



N=129

This chart indicates the top 10 responding states, 39 other states are included in the survey population.

RESPONDENTS: NATIONAL MINORITY HEALTH PROFILE



LOCAL HEALTH DEPARTMENT SURVEY RESPONDENTS

ALABAMA
- BIRMINGHAM
- HUNTSVILLE - MADISON COUNTY

ARIZONA
- BISBEE - COCHISE COUNTY
- PHOENIX
- TUCSON - PIMA COUNTY
- YUMA COUNTY

CALIFORNIA
- EL CENTRO - IMPERIAL COUNTY
- FRESNO COUNTY
- LOS ANGELES COUNTY
- MODESTO - STANISLAUS COUNTY
- PASADENA COUNTY
- REDDING - REDDING COUNTY
- SACRAMENTO COUNTY
- SAN DIEGO COUNTY
- SANTA ANA - ORANGE COUNTY
- SANTA BARBARA COUNTY

COLORADO
- BOULDER COUNTY
- COLORADO SPRINGS-EL PASO COUNTY
- FORT COLLINS - LARIMER COUNTY

CONNECTICUT
- BRIDGEPORT
- HAMDEN - QUINNIPIACK VALLEY
- NEW HAVEN
- STAMFORD
- WATERBURY

DELAWARE
- DOVER

DISTRICT OF COLUMBIA
- WASHINGTON

FLORIDA
- FT. LAUDERDALE- BROWARD COUNTY
- FT. WALTON BEACH - OKALOOSE COUNTY
- MIAMI - DADE COUNTY
- ORLANDO - ORANGE COUNTY
- PENSACOLA - ESCAMBIA COUNTY
- ROCKLEDGE - BREVARD COUNTY
- SARASOTA COUNTY
- TAMPA - HILLSBOROUGH COUNTY
- W PALM BEACH - PALM BEACH COUNTY

GEORGIA
- ATLANTA - FULTON COUNTY
- DECATUR - DEKALB COUNTY
- SAVANNAH - CHATHAM COUNTY

IDAHO
- BOISE - CENTRAL DISTRICT
- POCATELLO - SE IDAHO DISTRICT

ILLINOIS
- CHICAGO
- ROCK ISLAND COUNTY
- ROCKFORD - WINNEBAGO COUNTY
- WAUKEGAN - LAKE COUNTY
- WHEATON - DUPAGE COUNTY
- WOODSTOCK - MCHENRY COUNTY

INDIANA
- BLOOMINGTON - MONROE COUNTY
- EVANSVILLE-VANDERBURGH COUNTY

IOWA
- WATERLOO - BLACKHAWK COUNTY

KANSAS
- WICHITA - SEDGWICK COUNTY

KENTUCKY
- LOUISVILLE - JEFFERSON COUNTY
- OWINGSVILLE- GATEWAY DISTRICT

LOUISIANA
- NEW ORLEANS

MAINE
- PORTLAND

MARYLAND
- BALTIMORE - CITY & COUNTY
- BEL AIR - HARFORD COUNTY
- CENTREVILLE - QUEEN ANNE COUNTY
- FREDERICK COUNTY
- PRINCE GEORGES COUNTY
- ROCKVILLE - MONTGOMERY COUNTY
- SALISBURY - WICOMICO COUNTY

MASSACHUSETTS
- BEVERLY
- BOSTON
- SPRINGFIELD

MICHIGAN
- DETROIT- WAYNE COUNTY
- GRAND RAPIDS - KENT COUNTY
- HOLLAND - OTTAWA COUNTY
- LANSING - INGHAM COUNTY
- MT PLEASANT - CENTRAL MICHIGAN DISTRICT
- PORT HURON - ST. CLAIR COUNTY
- SAGINAW COUNTY
- WESTLAND - WAYNE COUNTY

MINNESOTA
- MINNEAPOLIS
- SHAKOPEE - SCOTT COUNTY
- ST. PAUL

MISSOURI
- CLAYTON COUNTY
- ST. LOUIS

NEBRASKA
- LINCOLN-LANCASTER COUNTY
- OMAHA - DOUGLAS COUNTY

NEW HAMPSHIRE
- NASHUA

NEW JERSEY
- CAMDEN COUNTY
- TOMS RIVER - OCEAN COUNTY

NEW YORK
- MINEOLA- NASSAU COUNTY
- POMANA - ROCKLAND COUNTY
- SYRACUSE - ONONDAGA COUNTY

NORTH CAROLINA
- GREENSBORO - GUILFORD COUNTY
- RALEIGH - WAKE COUNTY
- WINSTON-SALEM - FORSYTHE COUNTY

OHIO
- CINCINNATI
- CLEVELAND
- RAVENNA - PORTAGE COUNTY
- SPRINGFIELD - CLARK COUNTY
- ZANESVILLE - MUSKINGUM COUNTY

OKLAHOMA
- OKLAHOMA CITY - OKLAHOMA COUNTY
- TULSA - CITY & COUNTY

OREGON
- OREGON CITY - CLACKAMAS COUNTY
- PORTLAND - MULTNOMAH COUNTY

PENNSYLVANIA
- ALLENTOWN
- DOYLESTOWN - BUCKS COUNTY
- NORRISTOWN-MONTGOMERY COUNTY
- PHILADELPHIA
- PITTSBURGH- ALLEGHENY COUNTY
- YORK

TENNESSEE
- KNOXVILLE - KNOX COUNTY
- MEMPHIS & SHELBY COUNTY
- NASHVILLE - METROPOLITAN COUNTY

TEXAS
- AMARILLO - BI-CITY DISTRICT
- AUSTIN - TRAVIS COUNTY
- CONROE - CONROE COUNTY
- CORPUS CHRISTI - NUECES COUNTY
- DALLAS
- FORT WORTH & TARRANT COUNTY
- HOUSTON
- LUBBOCK
- SAN ANTONIO
- TYLER - SMITH COUNTY
- WACO - MCLENNAN COUNTY

UTAH
- OGDEN - WEBER-MORGAN COUNTY
- PROVO - UTAH COUNTY
- SALT LAKE CITY & COUNTY

VIRGINIA
- CHESTERFIELD
- FAIRFAX
- LEBANON - RUSSELL COUNTY
- MANASSAS - PRINCE WILLIAM COUNTY
- RICHMOND

WASHINGTON
- YAKIMA COUNTY

WISCONSIN
- MILWAUKEE

TABLE 1

SELECTED CITIES DEMOGRAPHIC AND HEALTH STATUS INDICATOR (HSI) TRACKING CHARACTERISTICS

CITY	MINORITY POP. PERCENTAGE	1	2	3	4	5	6	7	8	9
BOSTON	37.2%	16%	no	no	no	no	no	yes	yes	no
BIRMINGHAM	64%	20%	yes	yes	yes	yes	yes	no	yes	yes
NEW ORLEANS	65.1%	30%	no	no	no	no	no	no	no	no
DETROIT	78.4%	n/a	yes	yes	yes	no	no	yes	yes	no
MEMPHIS	56%	6%	yes	yes	yes	yes	yes	no	yes	yes
TAMPA	29.1%	33%	yes	yes	yes	no	no	no	yes	no
CLEVELAND	50.5%	n/a	no	yes	yes	yes	yes	no	yes	no
PORTLAND	15.4%	18%	yes	yes	yes	yes	yes	yes	yes	no

LEGEND

1 Percent of population within LHDs service area without health insurance.
2 Tracking HSI Tuberculosis rates (screening) by racial/ethnic catergories.
3 Tracking HSI Tuberculosis rates (treatment) by racial/ethnic catergories.
4 Tracking HSI Gonorrhea rates by racial/ethnic catergories.
5 Tracking HSI Hepatitis Type A rates by racial/ethnic catergories.
6 Tracking HSI Hepatitis B rates by racial/ethnic catergories.
7 Tracking HSI Smoking During Pregnancy rates by racial/ethnic catergories.
8 Tracking HSI Infant Mortality rates by racial/ethnic catergories.
9 Tracking HSI Immunization rates by racial/ethnic catergories.

*Source for minority population percentages: 1990 U.S. Census CPH-L-6

U.S. Conference of Local Health Officers (USCLHO)
Minority Health Programs and Services Survey

I. Local Health Department Information

A. Local Health Department

Agency Name: _____

Name of Local Health Officer/Director: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Service Area: _____

Telephone Number: _____ FAX Number: _____

B. Service Area

Which best describes the geographic jurisdiction served by your local health department?
(Please check the appropriate response)

_____ City
_____ County
_____ City/County
_____ Multi-County District or Region (please name: _____)
_____ Other (please specify) _____

II. Demographics: Minority populations refer to the ethnic and racial groups that are non-white and which include: African/Black Americans, Hispanics/Latinos, Asian/Pacific Islanders, Native Americans/Alaska Natives, other ethnic/racial minorities.

A. Estimate the **total 1990 population** served by your health department:

_____

B. Estimate the **total 1990 minority population** served by your local health department: _____
(include: African/Black Americans, Hispanics/Latinos, Asian/Pacific Islanders, Native Americans/Alaska Natives, other ethnic/racial minorities).

C. Estimated 1990 **percent of total population** served by your local health department that is:

_____ % African/Black American
_____ % Asian American
_____ % Native American/Alaska Natives
_____ % Other ethnic/racial minority (please identify) _____
_____ % Hispanic/Latino
_____ % Pacific Islanders
_____ % White

D. Language of Client Population
Estimate for 1990 the number and percent of persons in your service area who are:
#_____ & _____ % Non-English speaking
#_____ & _____ % English speaking
#_____ & _____ % Bilingual

E. Health Status Information

Please indicate whether the following data are available for your service area by ethnic/racial categories (check the appropriate columns):

Indicators	Service Area Yes	Service Area No	Ethnic/Racial Yes	Ethnic/Racial No
Infant mortality rates	___	___	___	___
Neonatal mortality rates(< 28 days)	___	___	___	___
Postneonatal morality rates	___	___	___	___
Percentage of live births that are low birth weight(<2500gms)	___	___	___	___
Percentage of live births that are very low birth weight(<1500gms)	___	___	___	___
Child mortality rate (ages 1-4)	___	___	___	___
Maternal mortality rate(19yrs & less)	___	___	___	___
Rate of adolescent pregnancy	___	___	___	___
Rate of smoking during pregnancy	___	___	___	___
Rate of children living in poverty below federal poverty level	___	___	___	___
Rate of immunizations	___	___	___	___
Rate of tuberculosis (newly diagnosed and retreated)	___	___	___	___
Rate of gonorrhea	___	___	___	___
Rate of primary and secondary syphilis	___	___	___	___
Rate of viral hepatitis Type A	___	___	___	___
Rate of viral hepatitis Type B	___	___	___	___
Malignant neoplasms mortality rate	___	___	___	___
Respiratory cancers mortality rate	___	___	___	___
Chronic liver disease and cirrhosis mortality rate	___	___	___	___
Unintentional injury mortality rate	___	___	___	___
Intentional injury mortality rate	___	___	___	___

III. Access to Care

A. Please provide the estimated number and percent of persons in your service area who do not have public or private health insurance: #_____ & _____%

B.1 What Medicaid general eligibility criteria are used in your state?

_____ 100% of federal poverty level
_____ 133% of federal poverty level
_____ 145% of federal poverty level
_____ 185% of federal poverty level
_____ Other (identify):_____

B.2 Does your health department receive reimbursement from Medicaid for any services or programs?

Yes _____ No _____ If "yes," identify:_____

B.3 Does your health department provide services reimbursable under your state's Medicaid program but for which your health department does not receive Medicaid reimbursement?

Yes _____ No _____

C. What kind of health care services/providers are available in your service area (please check those that are available):

_____ Community health centers(federal section 330)
_____ Migrant health centers(federal section 329)
_____ Federally qualified Health centers(not federal section 329,330)
_____ Uncompensated, emergency admission-based hospital services
_____ School Health (for adolescents)
_____ Health care for Homeless
_____ Public Housing-based services
_____ Other county or local services
Please identify: _____

IV. Special Programs and Services for Minorities

We would like to differentiate between programs or services which predominantly serve minorities versus programs or services which specifically target minorities.
Definitions:

Programs which target minorities are those clinical/personal services that are developed and delivered according to the cultural needs or other characteristics of specific ethnic/racial groups for whom the service is intended;these are those services that are tailored, in varying degrees, to the needs and characteristics of the ethnic/racial group to be served.

Programs which serve minorities are those clinical/personal services that the department offers but without any particular effort to modify its delivery based on the needs or characteristics for any ethnic/racial group; these are those services that are "generic and standard."

Programs which predominantly serve minorities are those where minorities make up 50% or more of the client base.

A. Programs

A.1 Are any of the current minority targeted programs administered by your department specifically designed to meet Year 2000 National Objectives for minority populations in the following categories? (Check the appropriate columns):

	Yes	No
Alcohol and Other Drugs	___	___
Unintentional Injuries	___	___
Maternal and Infant Health	___	___
HIV Infection	___	___
Sexually Transmitted Diseases	___	___
Immunization and Infection Diseases	___	___

A.2 In the last decade, were any of the minority targeted programs administered by your department specifically designed to meet the 1990 National Objectives for minority populations? No _____ Yes _____

If "yes,"please complete the following:(attach additional sheet if necessary)

Name of Program _____ Estimated Number of Clients Served _____

A.2 (Cont'd)

Name of Program	Estimated Number of Clients Served
_____	_____
_____	_____
_____	_____
_____	_____

B. Targeting Mechanisms/Approaches

In targeting programs to specifically serve the needs and characteristics of minority populations, various mechanisms and/or approaches can be used. We would like to profile (a) the kinds of mechanisms being used and (b) the degree of success the mechanisms have had. (1=not very successful; 2=not successful; 3=average; 4=successful; 5=extremely successful).

Targeting Mechanism	Check the appropriate response		Degree of Success (Circle response)
	Yes	No	1 2 3 4 5
1. Outreach efforts to:			
a. educate/inform minorities of available programs	____	____	1 2 3 4 5
b. educate minorities on criteria to qualify for programs	____	____	1 2 3 4 5
2. Health Education & Information targeted to:			
a. behavioral, social, cultural and ethnic variables	____	____	1 2 3 4 5
b. controllable risk factors	____	____	1 2 3 4 5
3. Service provision in strategic geographic locations	____	____	1 2 3 4 5
4. Recruiting & retaining health care providers who are of diverse cultural heritage	____	____	1 2 3 4 5
5. Networking with neighborhood lay health promoters	____	____	1 2 3 4 5
6. Recruiting & retaining bilingual health care providers	____	____	1 2 3 4 5
7. Provision of services for clients without a source of health care insurance	____	____	1 2 3 4 5
8. Offering services at times and days of the week based on needs of clients	____	____	1 2 3 4 5
9. Offering or facilitating clients' transportation to services	____	____	1 2 3 4 5
10. Offering no-cost (free) services	____	____	1 2 3 4 5
11. Offering services on a sliding fee charge	____	____	1 2 3 4 5
12. Marketing/Media campaigns	____	____	1 2 3 4 5
13. Establishing referral network with other providers	____	____	1 2 3 4 5
14. Establishing linkages with Medicaid eligibility workers	____	____	1 2 3 4 5
15. Facilitating Medicaid eligibility process	____	____	1 2 3 4 5

C. Programs Administered By Local Health Department

Please indicate which of the following services are minority targeted programs which are administered by your department: (Check all that apply)

Perinatal Services
____ prenatal care
____ infant delivery
____ low risk
____ high risk
____ postpartum care

Child Health
____ well care
____ sick care
____ EPSDT

Adolescent Health
____ well care
____ sick care

Adult Health
____ well care
____ sick care

Geriatrics
____ well care
____ sick care

TB Services
____ screening
____ treatment

HIV Services
____ testing/counseling
____ prevention services
____ primary care
____ immune system evaluation/ monitoring
____ prophylaxis
____ routine health care
____ referrals to specialty services
____ case management
____ support services
(please list)
_____
_____
_____

Other Services
____ Emergency medical
____ Family planning
____ Health Education
____ Immunization
____ Laboratory services
____ Pharmacy

STD Services
____ screening
____ treatment

Dental Services
____prevention
____ treatment

____ Home Health

D. Barriers to Services

Please rank-order the following major barriers, from least (1) to greatest (6), in providing services to minority populations.

_____ Transportation for clients
_____ Attitudes of minority clients toward health providers and staff
_____ Scheduling convenient hours of operation
_____ Language
_____ Lifestyle
_____ Other cultural barriers
_____ Insufficient knowledge of available programs and services
_____ Inadequate funding for programs and services
_____ Other (please identify)_____

V. Budget

A. Please estimate total 1990 department expenditures (for your fiscal year) by your local health department $_____.

B. Please estimate total 1990 expenditures (for your fiscal year) by your local health department, from all sources, for minority targeted programs administered by your department: $_____.

C. Please estimate total 1990 expenditures (for your fiscal year) by your local health department for programs administered by your health department that *do not specifically target* minorities, but *predominately serve* minority populations (i.e., programs where minorities make up 50% or more of the client base): $_____.

VI. Interaction and Linkages with Other Agencies

(Interaction and linkages are those formal arrangements local health departments use to work with different health service providers in the community.)

A. For minority targeted programs administered by your department, please identify the types of interaction that occur between your local health department and community health centers (CHCs), migrant health centers (MHCs), community-based organization (CBOs), other non-profit organizations (ONPs), public schools (SCHs) or public housing projects (PHPs). (Check all that apply)

Examples:
Fiscal linkages could include joint funding, purchase of services
Personnel linkages could include co-location of services, out-stationing of staff
Planning and programming linkages could include shared purchasing
Patient/client service linkages could include contracts for services, referrals, etc.
Case coordination linkages could include case management conferences, referrals, etc.
Support services could include laboratory, pharmacy, x-ray, etc.

	Organizations					
Linkages	CHCs	MHCs	CBOs	ONPs	SCHs	PHPs
Fiscal linkages	___	___	___	___	___	___
Personnel linkages	___	___	___	___	___	___
Planning and programming	___	___	___	___	___	___
Patient/client service linkages	___	___	___	___	___	___
Case coordination linkages	___	___	___	___	___	___
Support services	___	___	___	___	___	___
Homeless health	___	___	___	___	___	___
Other (please identify)	___	___	___	___	___	___
_____						
_____						

B. Specific Programs for which health departments have interaction and linkages with other agencies.

For programs not administered by your department, please indicate which of the following services are provided for minority populations through programs which your department is affiliated or involved. (Check all that apply)

Perinatal Services	Child Health	Adolescent Health	Adult Health	Geriatrics
___ prenatal care	___ well care	___ well care	___ well care	___ well care
___ infant delivery	___ sick care	___ sick care	___ sick care	___ sick care
___ low risk	___ EPSDT			
___ high risk				
___ postpartum care				

B. Specific Programs (cont'd)

TB Services
____ screening
____ treatment

HIV Services
____ testing/counseling
____ prevention services
____ primary care
____ immune system evaluation/ monitoring
____ prophylaxis
____ routine health care
____ referrals to specialty services
____ case management
____ support services
(please list)

_____
_____
_____

Other Services
____ Emergency medical
____ Family planning
____ Health Education
____ Immunization
____ Laboratory services
____ Pharmacy

STD Services
____ screening
____ treatment

Dental Services
____ prevention
____ treatment

____ Home Health

VII. Narrative Description of a Successful Program

Describe on one attached page only one minority-targeted program administered by your department, (or one with which your department is strongly affiliated with in your community) that you would describe as extremely successful in improvement of access to care and/or health status for the targeted minority group(s). Description should include: (1) how and why program was selected; (2) what targeting mechanisms were used; (3) how program effectiveness was monitored and evaluated; and (4) the actual data used to document degree of effectiveness, including program costs, and any cost savings associated with the program. Please single-space program description!

Name of person completing survey:

_____
Name

_____
Title

_____
Telephone number

_____
Date

Please Mail or Fax by November 29, 1991 to:
USCLHO
c/o Ms. Vicky A. Mitchell
1620 Eye Street, Northwest
Washington, DC 20006
FAX: 202-293-2352

USCLHO Minority Health Initiative

Minority health disparities are most dramatically evident in the nation's urban areas, disproportionately affecting African Americans, Latinos/Hispanics, Asian-Pacific Islanders, and Native Americans.

In an effort to promote the development of effective health programs addressing minority health, the U.S. Conference of Local Health Officers (USCLHO) established its Minority Health Initiative Project in October 1990, through a cooperative agreement with the Health Resources and Services Administration (HRSA), Bureau of Health Care Delivery and Assistance (BHCDA)/Division of Special Populations Program Development (DSPPD). The program is designed to facilitate information and technology exchange among local health departments on effective programs, thereby encouraging the problem-solving capabilities of local communities to address minority health-related concerns.

Goals of the Minority Health Initiative are:

To identify current efforts of local health departments and other community organizations to improve minority access to health resources and services; and

To identify current local health capacity to ascertain health status of minority populations and the community in general.

USCLHO Minority Health Committee

Guadalupe Olivas, PhD, Chair	Pima County, Arizona
Hudson H. Birden, MPH	Avon, Connecticut
Stanley Broadnax, MD, MPH	Cincinnati, Ohio
Caswell Evans, Jr., DDS, MPH	Los Angeles County, California
Judith Kurland	Boston, Massachusetts
David Lurie, MBA	Seattle-King County, Washington
William P. Quinn, MPH	New Haven, Connecticut
Dian Sharma, PhD	St. Louis, Missouri
Valerie Stallings, MD, MPH	Norfolk, Virginia
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The United States Conference of Local Health Officers/
The United States Conference of Mayors

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